

## VISION EXAMINATION FORM FOR WEARERS OF BIOPTIC TELESCOPIC LENS

MED 40 (Rev. 07/02)

APPLICANT'S FULL NAME	Last		First		Mida	lle	SOCIAL SEC	CURITY NUMBER
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RESIDENCE/HOME ADDRESS	☐ CHEC	K HERE IF THIS	S IS A NEW ADDR	ESS.	CIT	Υ		
If you change either your reside	ence/home	address or ma	ailing address to	o a non-Virgin	a address, you	r driver's	s license a	nd/or photo identification (I
card may be canceled. MAILING ADDRESS								
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CITY			STA	ATE ZII	CODE		DATE	OF BIRTH
			HIS	STORY			L L	
Include changes in vision meas	surements o	over the past y	ear. Note any	conditions tha	t may affect the	e eyes a	ind require	vision re-examination.
Is the patient's condition stab	ole?	Yes 🗌	No 🗌 Un	certain Re	commended v	ision re	-examinat	ion every
Explain:				l	•			
ACUITY							VISU	AL FIELD
ACUITY		RIGHT	LEFT	вотн			VISU	AL FIELD
ACUITY Without correction		RIGHT	LEFT	вотн	Conduct te	st (test		
	ier lens)	RIGHT	LEFT	вотн	Conduct te record read		object mu	AL FIELD st be at least 3 mm) and
Without correction With correction (through carr	rier lens)	RIGHT	LEFT	вотн			object mu	
Without correction	ier lens)	RIGHT	LEFT	вотн			object mu	
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Without correction With correction (through carr	ier lens)	RIGHT	TELESO		record read	ding bel	object mu ow.	
Without correction With correction (through carr Through telescopic lens	rier lens)	RIGHT	TELESO POWER	COPIC LE	record read	ding bel	object mu ow.	st be at least 3 mm) and
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Without correction With correction (through carr Through telescopic lens  MAKE OF TELESCOPIC LENS  NAME OF EYE CARE PRACTITIONE	ER (PLEASE F		TELESC POWER DIAG	OPIC LEI OF LENS NOSIS	NS	DAT	Object mu OW.  FE APPLICAT	st be at least 3 mm) and